New Pharmacopoeia for Ayurvedic Medicines

1272. SHRI KHAN GHUFRAN ZAHIDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that new Pharmacopoeia for Ayurvedic medicines has been approved by Government;

(b)the requirements for the introduction of a new Ayurvedic drug in the country;

(c)whetherthe trials are necessary for introduction of Ayurvedic drugs; and

(d) if so, the names of the authorities who would monitor and approve such trials?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Preparation of Pharmacopoeia is an ongoing process.

(b)Classical and patent & proprietary medicines can be manufactured as per provisions made in Drugs & Cosmetics Act, 1940.

(c) No, Sir.

(d) Does not arise.

Incentives by Corporate Houses for Small Family Norms

1273. DR. ALLADI P. RAJKUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that some of the leading industrial/corporate houses have taken initiative in the field of family planning by offering incentives to their employees who opt for small family norms;

(b) if so, the names of corporate houses who have taken steps in this direction; and

(c) the details in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Yes, Sir. The names of Corporate Houses offering incentives to their employees for opting Small Family Norms is not being compiled by the Department of Fam ily Welfare. However, as per information furnished by the Confederation of Indian Industry, Birla Management

Corporation Ltd.. Tata Engineering & Locomotive Company Ltd.. Hero Honda Motors Ltd., Escorts Rural Development Ltd. and DCM Shriram Consolidated Ltd. etc. are reported to be offering incentives to workers adopting the small family norms.

Performance of States Implementing NTCP

1274. SHRI BASHISTHA NARAIN SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the performance of States in implementing the National Tuberculosis Control Programme is much below the set targets;

(b) if so, the reasons therefor;

(c) whether the grants released to the District Tuberculosis Control Societies and assistance provided to NGOs were fully utilized during the last three years;

(d) if not, the reasons therefor:

(e) whether the World Bank aid received during the said period for the purpose was fully utilized; and

(f) if not, the reasons therefor?

THE MINISTEROFSTATEINTHE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) To control problem of tuberculosis. National TB Control Programme (NTCP) has been in operation since 1962. Since the Programme did not make any significant epidemiological impact in its almost three decades of implementation, it was reviewed by an Expert Committee in 1192 and some of the reasons found for low success of the programme are as under:

* Inadequate budget and insufficient managerial capacity
* Shortage of drugs
* Emphasis on X-ray diagnosis resulting in inaccurate diagnosis
* Poor quality sputum microscopy.
* Multiplicity of treatment regimens

On the recommendations of the above committee. Revised National TB Control Programme (RNTCP) was launched in 1997 with an objective of achieving cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases. The RNTCP is being implementing in phased manner and thus NTCP is being phased out. The present coverage under RNTCP is about 502